



Hingham Board of Health

WATER SUPPLY CERTIFICATE

This is to certify that the potable/nonpotable Private Well which was
(circle one)

constructed at _____
(Address)

by _____
(Name, Address, Telephone Number)

has been approved in accordance with the provision of the **Hingham Board of Health Private Water Supply Regulations** as described on the Application for Private Well Construction, Permit (PWCP) # _____ Dated _____

The use of this Private Well shall be in conformance with the use applied for within the Application for Well Construction Permit.